

# APRIL 2016 SCHOOL'S OUT REGISTRATION FORM

**BARRINGTON MIDDLE SCHOOL**  
**Ages 5 –12**

**April 18-22, 2016**

**Mornings: 9:30 AM\* – 12:00 PM**

*\*Doors open at 9:15*

**Afternoons: 12:30 PM - 3:00 PM**

**Children should bring a peanut/nut free lunch/snack/drink.**  
**Supervised lunch is from 12:00-12:30pm**



A Town of Barrington Recreation Department Program  
247-1900 x381 recreation@barrington.ri.gov

Child's Name : \_\_\_\_\_ ☐ Boy ☐ Girl Age: \_\_\_\_\_

Allergies/Medical Conditions/Medication: \_\_\_\_\_

Child's Name : \_\_\_\_\_ ☐ Boy ☐ Girl Age: \_\_\_\_\_

Allergies/Medical Conditions/Medication: \_\_\_\_\_

Child's Name : \_\_\_\_\_ ☐ Boy ☐ Girl Age: \_\_\_\_\_

Allergies/Medical Conditions/Medication: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Cell: \_\_\_\_\_

*(In the event of an emergency, please call the Town Clerk's Office at 401-247-1900 x4, to inform of any early pickups, etc.)*

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Authorized Pick Up Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Authorized Pick Up Name: \_\_\_\_\_ Cell: \_\_\_\_\_

*Initial one:*

\_\_\_\_\_ **Yes, I give permission for my child to be photographed which may be used to advertise 'Barrington Recreation Schools Out Program' and other local businesses who volunteer for the program**

\_\_\_\_\_ **No, I DO NOT give my permission for my child to be photographed**

I, the parents/guardian of the above child (ren), hereby give my approval for his/her participation in any/all activities during the Barrington Recreation Department's 2016 April vacation programs at the Barrington Middle School. I assume all risks and hazards incidental to such participation, including transportation to and from such activities, and hereby waive, release, absolve, indemnify, and agree to hold harmless all individuals responsible for the conduct or activity involving my child (ren). Also, I understand that registrations for children requiring special attention are reviewed on a case-by-case basis with the Recreation and program director(s). I understand that the Recreation Department does not receive specialized training for various special needs, but will work with individuals as appropriate. I will provide as much detail as possible, including any physical/emotional needs or medications involved so that the staff will be able to provide a positive experience for each child.

Signature (Parent/Guardian)

Parent or Guardian:

Please make checks payable to The Town of Barrington. Bring this registration form to Barrington Middle School when you drop off your child.

**You may PRE-REGISTER at the Recreation Department at the Lower Level in the Town Hall from April 11<sup>th</sup>-15<sup>th</sup>. Space is limited.**

**\$6 PER SESSION PER CHILD**

Check all sessions that apply

<b>Monday April 18</b>	<b>Tuesday April 19</b>	<b>Wednesday April 20</b>	<b>Thursday April 21</b>	<b>Friday April 22</b>
9:30 – 12:00 Session 1 _____	9:30 – 12:00 Session 3 _____	9:30 – 12:00 Session 5 _____	9:30 – 12:00 Session 7 _____	9:30 – 12:00 Session 9 _____
12:30 – 3:00 Session 2 _____	12:30 – 3:00 Session 4 _____	12:30 – 3:00 Session 6 _____	12:30 – 3:00 Session 8 _____	12:30 – 3:00 Session 10 _____
<b>\$6 for each session checked</b>	<b>\$6 for each session checked</b>	<b>\$6 for each session checked</b>	<b>\$6 for each session checked</b>	<b>\$6 for each session checked</b>
<b>Total:</b> _____	<b>Total:</b> _____	<b>Total:</b> _____	<b>Total:</b> _____	<b>Total:</b> _____

**For official use only:**

<b>Monday April 18</b>	<b>Tuesday April 19</b>	<b>Wednesday April 20</b>	<b>Thursday April 21</b>	<b>Friday April 22</b>
Cash _____	Cash _____	Cash _____	Cash _____	Cash _____
Check# _____	Check# _____	Check# _____	Check# _____	Check# _____
Amount _____	Amount _____	Amount _____	Amount _____	Amount _____

Payment for more than one child – Name(s): \_\_\_\_\_

Additional notes: \_\_\_\_\_